



BIOMEDICAL WASTE SOLUTIONS

April 26, 2006

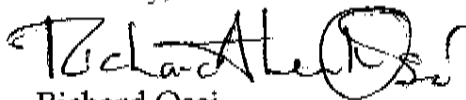
To Whom it May Concern:

BioMedical Waste Solutions (BWS) is a biohazard medical waste transporter registered by the Arizona Department of Environmental Quality (ADEQ). We transport medical waste to MTS Medical Waste Managements' (MTS) treatment facility in Phoenix, Arizona. We have contracts with the clients at the federal, state and local levels. Our clients include the U.S. Immigration and Naturalization Service, Indian Health Service, The University of Arizona, the City of Phoenix and the City of Glendale.

We are also the sole contractor providing biohazard transportation services for MTS clients outside of Maricopa County.

Attached are copies of our ADEQ license, Maricopa County transportation permit, proof of general liability and vehicle insurance and workers compensation insurance. Please do not hesitate to give me a call Toll free at (888) 836-8080 regarding the above quote.

Sincerely,



Richard Osei
Principal/General manager

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
BIOHAZARDOUS MEDICAL WASTE TRANSPORTER
REGISTRATION NO. TR 040716.01

In accordance with Arizona Administrative Code Title 18, Chapter 13, Article 14

Registration issued to:

BioMedical Waste Solutions L.L.C.

Company or Entity Name (Transporter Name)

This Registration for Arizona Biohazardous Medical Waste Transporter is issued to the above named company or entity, and is to be used for transport of biohazardous medical waste in accordance with A.A.C. R18-13-1401 et seq. This registration is deemed effective on the Issue Date below, and expires on the Expiration Date below (5 years after the Issue Date).

This registration is granted based upon the information provided in the Application for Arizona Biohazardous Medical Waste Transporter Registration. This registration does not relieve the registrant from the requirement to obtain permits and related vehicle inspections from the counties or local governments within which biohazardous medical waste will be transported. This registration is not transferable from one company or entity to another.



Shannon M. Davis, Director
Waste Programs Division

ISSUE DATE: 07/16/2004
EXPIRATION DATE: 07/15/2009

PERMIT TO OPERATE

Environmental Services Dept.
1001 N Central Ave, Suite 100
Phoenix, AZ 85004



PERMIT NO. 6981
EXPIRATION DATE: 10/31/06

TYPE OF PERMIT: REFUSE HAULER
LOCATION NAME: TRUCK #1

FEE: \$120.00

BIOMEDICAL WASTE SOLUTIONS LLC
C/O RICHARD OSEI
1561 E ALBA DR
CASA GRANDE, AZ 85222

PREMISES:
BIOMEDICAL WASTE SOLUTIONS
5025 N CENTRAL AVE
PHOENIX

THE ABOVE NAMED PERMITTEE SHALL OPERATE THE FACILITY IN COMPLIANCE WITH THE ENVIRONMENTAL HEALTH CODE AND THE LAWS OF THE STATE OF ARIZONA. THE ISSUANCE OF THIS PERMIT DOES NOT WARRANT THAT THE ESTABLISHMENT IS BEING MAINTAINED IN COMPLIANCE WITH ALL THE ABOVE CITED REGULATIONS. THIS PERMIT MAY BE REVOKED FOR SERIOUS AND/OR REPETITIVE VIOLATIONS PRIOR TO THE EXPIRATION DATE.

THIS PERMIT IS NOT TRANSFERRABLE AND MUST BE POSTED IN A CONSPICUOUS PLACE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/7/2005

PRODUCER **RUSSO AND ASSOCIATES INSURANCE**
8777 S RURAL RD #2

TEMPE AZ 85283
(480) 756-8671

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
BIOMEDICAL WASTE SOLUTION LLC
1561 E ALBA DRIVE
CASA GRANDE, AZ 85222

INSURER A: **EVEREST INDEMNITY INS**
INSURER B: **NATINAL LLIABILITY AND FIRE INS CO**
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	4000004387	9/26/2005	9/26/2006	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 1,000,000
AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	73APN310430	9/28/2005	9/26/2006	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

30BIOMEDICAL WASTE PICKUP - INCLUDES CONTRACROS POLLUTION LIABILITY COVERAGE. THE CITY OF PHOENIX SHALL BE NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES PERFORMED BY OR ON BEHAVE OF THE CONTRACTOR, INCLUDING AUTOMOBILES OWNED , LEASED, HIRED OR BORROWED BY THE CONTRACTOR.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

**Certificate of Insurance****Certificate Mailed To:**

UNIVERSITY OF ARIZONA
UNIVERSITY SERVICES ANNEX, BLDG
300A
PROCUREMENT AND CONTRACTING
SERVICES
TUCSON AZ 85721

Name of Insured:

Bio Medical Waste Solutions LLC
5025 N Central Ave Ste 433
Phoenix AZ 85012

Date Issued: 01/31/2006
Certificate Number: 1
Policy Number: 496705
Origin Date: 02/01/2006
Expiration Date: 02/01/2007
Liability Limits: 1000/1000/1000
(000 Omitted)

Proof of Coverage

Medical waste pick up and disposal @ various Arizona locations.

Job Number:**Location:**

Should the above policy be canceled by the State Compensation Fund before the expiration date thereof, the State Compensation Fund will endeavor to mail 30 days written notice to the above named Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the State Compensation Fund.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed hereon. This is to certify a workers' compensation policy has been issued to the insured listed hereon and is in force for the period referenced.

Certificate Issued To:

University of Arizona
University Services Annex, Bldg 300A
Procurement and Contracting Services
Tucson AZ 85721

Authorized Representative